

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021787

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 2 1962

Primary Registration District No.

3000

Registrar's No.

200

VS 300
Rev. 4/59

1 0017

2 0580 -

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4 0

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7 0

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9 4200F

10

11

12 2-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KIRKSVILLE

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

K.O.H.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

LINN

c. CITY
OR TOWN

Bucklin

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Edward

Middle

A.

Last

Johnson

4. DATE
OF DEATH

Month

June

Day

25

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-20-84

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMING

10b. KIND OF BUSINESS OR INDUSTRY

OWN FARM

11. BIRTHPLACE (City and state or country)

Bucklin, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Nels Johnson

13b. MOTHER'S MAIDEN NAME

Emily Jenson

14. NAME OF HUSBAND OR WIFE

MABLE

DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

GERALD JOHNSON, Bucklin, Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line if
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory Failure

INTERVAL BETWEEN
ONSET AND DEATH

3 1/2 Hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Auricular Fibrillation & Congestive Heart Failure

6 weeks

DUE TO (c)

Arteriosclerotic Heart Disease

Several Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Third Degree Burns of Rt. Leg present for 2 mos.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 23, 1962 to June 25, 1962 and last saw him alive on June 24, 1962

Death occurred at 1:44 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James F. Lyle D.O.

22b. ADDRESS

800 W. Jefferson

22c. DATE SIGNED

6-25-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

6-25-62

23c. NAME OF CEMETERY OR CREMATORY

Swedish Mission Cemetery

23d. LOCATION (City, town, or county)

Bucklin, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Larson Funeral Service, Bucklin, Mo.

25. DATE RECD. BY LOCAL REG.

June 25, 1962

26. REGISTRAR'S SIGNATURE

Dorothy R. Ruff

Permit issued June 25, 1962

JAMES F. CLINE, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by LARRY D. VOBORNIK, Student Embalmer No. 699
working under my personal supervision.

Student Larry D. Vobornik
Signature of Student Embalmer

Signed C. A. Lamm

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.